

MISSOURI PUBLIC SERVICE COMMISSION

January 31, 2007

Case No. GC-2007-0281

General Counsel's Office
P.O. Box 360
200 Madison Street, Suite 800
Jefferson City, MO 65102

Lewis R. Mills, Jr.
P.O. Box 2230
200 Madison Street, Suite 650
Jefferson City, MO 65102

Herman and Constance Turner
Herman Turner
2158 Allen
St. Louis, MO 63104

Laclede Gas Company
Legal Department
720 Olive Street
St. Louis, MO 63101

Enclosed find a certified copy of a NOTICE in the above-numbered case(s).

Sincerely,



Colleen M. Dale
Secretary

9666 9892 0000 0660 5002

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fr	
Sent To	Laclede Gas Company
Street, Apt. No., or PO Box No.	Legal Department
City, State, ZIP+4	720 Olive Street
	St. Louis, MO 63101

PS Form 3800, June 2002 See Reverse for Instructions

2. Article Number
(Transfer from service label)
PS Form 3811, February 2004

7005 0390 0003 2886 3398
Domestic Return Receipt

102595-02-M-1540

Laclede Gas Company
Legal Department
720 Olive Street
St. Louis, MO 63101

1. Article Addressed to:

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

3. Service Type
☒ Certified Mail
☐ Registered
☐ Insured Mail
☐ Restricted Delivery? (Extra Fee)
☐ Express Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
☐ Yes

4. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

5. Signature ☒ Agent ☐ Addressee
 B. Received by (Printed Name)
 C. Date of Delivery
 01/31/07

COMPLETE THIS SECTION ON DELIVERY

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